

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095798

FILED
Apr 29, 2009
Secretary of State

Entity Name: HIALEAH FIREFIGHTERS TRUST, INC.

Current Principal Place of Business:

800 W. 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

13295 80TH LANE NORTH
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 65-0963777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, ROBERT
13295 80TH LANE NORTH
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, ROBERT III
Address: 800 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: PFLUM, WAYNE
Address: 800 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: ST () Delete
Name: POWELL, ROBERT
Address: 800 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: POWELL, ROBERT
Address: 13295 80TH LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT POWELL

TD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date